



ALABAMA  
DEPARTMENT OF FORENSIC SCIENCES

TOXICOLOGICAL ANALYSIS REQUEST

*Complete ONE form per subject or suspect and enclose specimens for ONE subject or suspect per kit. DO NOT USE GEL PENS to label specimens; writing will smear.*

ADFS

Case No: \_\_\_\_\_

ADFS use only

NAME: \_\_\_\_\_ Subject ☐ Suspect ☐  
 Living ☐ Deceased ☐ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB or Age: \_\_\_\_\_  
 Date/time of incident: \_\_\_\_\_ County: \_\_\_\_\_  
 Date/time of death: \_\_\_\_\_ Date/time of collection: \_\_\_\_\_  
 If living, type of case or charge: \_\_\_\_\_  
 If deceased, suspected cause of death: \_\_\_\_\_  
 List any medication or treatment given after the incident: \_\_\_\_\_  
 Is there a history of substance abuse? No ☐ Yes ☐ Substance(s): \_\_\_\_\_  
 Was a fire involved with this incident? No ☐ If Yes: Building ☐ Vehicle ☐ Other \_\_\_\_\_  
 Describe the incident: Use reverse, if necessary. Check here ☐

IF TRAFFIC-RELATED, ALSO COMPLETE THE FOLLOWING: Number of vehicles involved: \_\_\_\_\_  
 Subject/suspect type: Driver ☐ Passenger ☐ Pedestrian ☐ Bicyclist ☐ Other: \_\_\_\_\_  
 Vehicle type: Passenger car/truck ☐ Tractor trailer ☐ Motorcycle ☐ Bicycle ☐ Other: \_\_\_\_\_

SPECIMEN(S) SUBMITTED: Blood ☐ Urine ☐ Other: \_\_\_\_\_

EXAMINATION(S) REQUESTED: \_\_\_\_\_

SUBMITTER:

(Name)

(Agency)

(Street Address)

(Telephone)

(City, State, Zip)

(Fax)

(Signature of Submitter)

(Date)

**LABEL SPECIMENS WITH THE SUBJECT AND COLLECTOR NAMES. IF SEALS ARE INCLUDED, COMPLETE AND APPLY TO EACH SPECIMEN. REPLACE SPECIMENS IN THE PROTECTIVE HOLDER. ENCLOSE ALL SPECIMENS IN THE PLASTIC BAG AND PLACE IN THE KIT. ENCLOSE THIS COMPLETED FORM IN THE OUTER PLASTIC POUCH. SEAL AND INITIAL THE KIT AND RETURN TO THE LABORATORY.**